

Collaborative Inquiry/Temporary Supplemental Pro D Reimbursement Form

School _____

Date: _____

Please fill in which fund in full

****Collaborative Inquiry Fund** (what is your inquiry question? (If you are participating in more than one collaborative inquiry, please make separate reimbursement requests) (If you are purchasing for your group, please list the participants, each are allowed up to \$200 for resources)

****Temporary Supplemental Fund** (what is your pro d opportunity?)

Is this request for yourself only or for your group? Please list all names

1. Employee Reimbursement

First Name	Last Name	Employee Number	Phone Number
Title		Address	
Department	City	Province	Postal Code
Administrator **			
First Name	Last Name		
(please print)		Administrator's Signature	

Itemized Expenses (original invoices/receipts)

Date of invoice/receipt(s) <small>Please note: teachers will not be reimbursed for materials for student use. This includes books and manipulatives.</small>	Description - Details
Reimbursement to Employee \$ _____	

2. School Reimbursement

Date of invoice/receipt(s) <small>Please note: teachers will not be reimbursed for materials for student use. This includes books and manipulatives.</small>	Reimburse to School Flex Account # or Cheque (please indicate) Include proof of payment from school account
Reimbursement to school \$ _____	

3. School Reimbursement - TTOC - School is responsible for requesting TTOC

Date of TTOC/proof of 'purchase'	Transfer TTOC cost to School Flex Account #
TTOC transfer to School Flex Account \$ _____	
Pro D Chair name	Pro D Chair signature
District Use	COA
District Signature:	

Original receipts ONLY send by bluebag to Education Centre - Pro D office

Send this via email to collabinquiry@vsb.bc.ca or supplepd@vsb.bc.ca along with a copy of your approved application